

Financial Desk Reviews (FDR)

Also known as Financial Reconciliations

First things first:



- ✓ Do not email desk review documents
- ✓ Do not send large excel spreadsheets
- ✓ If you allocate costs, show us how they are allocated across all funding sources;
- ✓ If you claim indirect costs, we need to know the rate and how they are allocated across all funding sources;
- ✓ Identify staff names and titles as they are listed in the budget



TIME & EFFORT LOGS



Also known as time tracking record/report...

Federal requirement to show “actual hours” worked under each funding source;

Any employee who is paid using multiple funding sources

If an employee is supposed to be billing hours as MATCH, you may need to coach them as to how to fill out the time and effort log, be sure the activities worked as MATCH are VOCA eligible

DON'T OVER THINK IT!

Wages and MATCH

- Proof of paid wages;
- MATCH - volunteer time - VOCA requirement;
- Volunteer time should be documented

SAMPLE TIME and EFFORT LOG

EMPLOYEE NAME:

TITLE: Sexual Assault Advocate

PAY PERIOD: December 30, 2017 - January 12, 2018

		HOURS WORKED							LEAVE USED				NOTES
	Date	VOCA Direct Services	STATE	NON OJP FUNDING / MATCH				TOTAL	VAC	SICK	HOL.	OTHER	
				MATCH (must be VOCA eligible) Specify the funding source	ABC Inc.	XYZ Inc.	M & M Inc.						
SUN	12/30												
MON	12/31	3	3	2									
TUE	1/1	4	3	4	1								
WED	1/2	3		2									
THUR	1/3	6	3										
FRI	1/4	3			3								
SAT	1/5												
Weekly Total		19.00	9.00	8.00	4.00			40.00	0.00	0.00	0.00	0.00	
SUN	1/6												
MON	1/7	3	4	1									
TUE	1/8	4	2	1									
WED	1/9	2	3	2	1								
THUR	1/10	3	3	2	1								
FRI	1/11	4	4										
SAT	1/12												
Weekly Total		16.00	16.00	6.00	2.00			40.00	0.00	0.00	0.00	0.00	
TOTALS		35.00	25.00	14.00	6.00			80.00	0.00	0.00	0.00	0.00	

Employee _____

Date _____

Supervisor _____

Date _____

USAGE OF BENEFITS

	HOL	VAC	SICK	OTHER
Beg. Bal.		24	108	
Used		0	0	
Earned		8	4	
TOTAL		32	112	



1

/ 1



100%



100

[illegible]

Employee Signature & Date

Supervisor Signature _____

Vicky

Date	VCET	CVS VOCA	CVS STATE	VAWA	JCG STATE	OTHER	SICK	VAC	HOL	DAILY TOTAL	NOTES
10/17		1	1		6.5	1.5				10	PT Liaison meeting
10/18		3	3		4					10	
10/19										0	
10/20										0	
10/21										0	
10/22		4	4			2				10	New director, etc.
10/23		3	3		2	2				10	Desk review documentation
10/24										0	Used this Wed as my scheduled day off
10/25		5	5							10	
10/26		3	3		1	3				10	Updating desk review spreadsheets
10/27										0	
10/28										0	
10/29		5	5							10	
10/30		2	2		0.5	5.5				10	Travel to Breezy Point / CVS GM Meeting
TOTAL	0.0	26.0	26.0	0.0	14.0	14.0	0.0	0.0	0.0	80.0	

Time Period:		
Code	Total Hours	Funding
REG	26.00	3000-P0736910-P076V63-P0760VOCAFFY16-ADM6
REG	33.00	1000-P0736910-P076801
REG	21.00	1000-P0736110-P076801

80.00

C
D, half of G
F, half of G

Supervisor Signature

2/1/2019

OJP_Payroll_Posting_Audit_Trail

OJP_Payroll_Posting_Audit_Trail

Name Full	Bargaining Unit Cd	Budget Year Cd	Fund Cd	Appropriation Cd	Fin Department Id	Earnings Cd	Account Cd	Earnings Pay End Dt	Distribution Hrs	Distribution Amt	Employer FICA Amt	Employer Insurance Amt	Employer Retirement Amt	Distribution Amt + Employer FICA Amt + Employer Insurance Amt + Employer Retirement Amt
Anthony,Vicky Lynn	214	2019	1000	P076801	P0736110	REG	41000	10/30/2018	21.00	\$706.02	\$49.91	\$225.91	\$41.47	1023.31
			1000	P076801	P0736110	REG	41000 Total		21.00	\$706.02	\$49.91	\$225.91	\$41.47	1023.31
			1000	P076801	P0736910	REG	41000	10/30/2018	33.00	\$1,109.46	\$78.45	\$355.03	\$65.19	1608.13
			1000	P076801	P0736910	REG	41000 Total		33.00	\$1,109.46	\$78.45	\$355.03	\$65.19	1608.13
Anthony,Vicky Lynn Total				P076801				54.00	\$1,815.48	\$128.36	\$580.94	\$106.66	2631.44	
Anthony,Vicky Lynn	214	2019	3000	P076V63	P0736910	REG	41000	10/30/2018	26.00	\$874.12	\$61.80	\$279.70	\$51.35	1266.97
			3000	P076V63	P0736910	REG	41000 Total		26.00	\$874.12	\$61.80	\$279.70	\$51.35	1266.97
Anthony,Vicky Lynn Total				P076V63					26.00	\$874.12	\$61.80	\$279.70	\$51.35	1266.97
Grand Total									80.00	\$2,689.60	\$190.16	\$860.64	\$158.01	3898.41



Which brings us to...

Payroll Taxes and Fringe Benefits... *can you say UGH?!*

- Taxes and fringe costs must be billed to the grant proportionately to how wages are billed.
- QuickBooks and SAGE software
- I have created a worksheet to help with this process...

TAX AND FRINGE BENEFIT BREAKDOWN											
Instructions: At the end of each pay period, fill in the number of hours worked under each funding source recorded on your time tracking log. Fill in the hourly rate. Adjust retirement/pension, health/dental, etc. rates as necessary per employee. The formulas will show you the amounts to be billed to the grant.											
Name: Sarah Smith		Title: Sexual Assault Advocate		Time Period of Financial Desk Review: January 1 thru March 31, 2018							
Dates Included in Pay Period	Total VOCA Hours Worked	Hourly Rate	Percentage of VOCA Hours Worked: # of hrs per pay period (35) ÷ total # of hrs billed (80)	TAX AND FRINGE AMOUNTS BILLED TO VOCA BASED ON ACTUAL HOURS WORKED							
				FICA/Medicare 7.65%		Retirement/Pension	Health/Dental Ins.	Long-Term Care Ins.	Other?		
				Hours x Hourly Rate (35 hrs x \$13.50)	Dollar Amount	Amount of Pension / Retirement Paid this Pay Period (\$58.45 x 43.8%)	Amount of Health & Dental Insurance Paid this Pay Period (\$25.00 x 43.8%)	Amount of LTC Insurance Paid this Pay Period (\$12.00 x 43.8%)			
12/30/17 - 1/12/18	35.0	\$13.50	43.8%	\$472.50	\$36.15	\$25.57	\$10.94	\$5.25			
TOTALS	35.0		43.8%	\$472.50	\$36.15	\$25.57	\$10.94	\$5.25			
Dates Included in Pay Period	Total STATE Hours Worked	Hourly Rate	Percentage of STATE Hours Worked: # of hrs per pay period (25) ÷ total # of hrs billed (80)	TAX AND FRINGE AMOUNTS BILLED TO STATE BASED ON ACTUAL HOURS WORKED							
				FICA/Medicare 7.65%		Retirement/Pension	Health/Dental Ins.	Long-Term Care Ins.	Other?		
				Hours x Hourly Rate (25 hrs x \$13.50)	Dollar Amount	Amount of Pension / Retirement Paid this Pay Period (\$58.45 x 31.3%)	Amount of Health & Dental Insurance Paid this Pay Period (\$25.00 x 31.3%)	Amount of LTC Insurance Paid this Pay Period (\$12.00 x 31.3%)			
12/30/17 - 1/12/18	25.0	\$13.50	31.3%	\$337.50	\$25.82	\$18.27	\$7.81	\$3.75			
TOTALS	25.0		31.3%	\$337.50	\$25.82	\$18.27	\$7.81	\$3.75			
Dates Included in Pay Period	Total MATCH Hours Worked	Hourly Rate	Percentage of MATCH Hours Worked: # of hrs per pay period (14) ÷ total # of hrs billed (80)	TAX AND FRINGE AMOUNTS BILLED TO MATCH BASED ON ACTUAL HOURS WORKED							
				FICA/Medicare 7.65%		Retirement/Pension	Health/Dental Ins.	Long-Term Care Ins.	Other?		
				Hours x Hourly Rate (14 hrs x \$13.50)	Dollar Amount	Amount of Pension / Retirement Paid this Pay Period (\$58.45 x 17.5%)	Amount of Health & Dental Insurance Paid this Pay Period (\$25.00 x 17.5%)	Amount of LTC Insurance Paid this Pay Period (\$12.00 x 17.5%)			
12/30/17 - 1/12/18	14.0	\$13.50	17.5%	\$189.00	\$14.46	\$10.23	\$4.38	\$2.10			
TOTALS	14.0		17.5%	\$189.00	\$14.46	\$10.23	\$4.38	\$2.10			
Dates Included in Pay Period	Total NON OJP FUNDING Hours Worked	Hourly Rate	Percentage of NON OJP Hours Worked: # of hrs per pay period (6) ÷ total # of hrs billed (80)	TAX AND FRINGE AMOUNTS BILLED TO NON OJP FUNDING SOURCES							
				FICA/Medicare 7.65%		Retirement/Pension	Health/Dental Ins.	Long-Term Care Ins.	Other?		
				Hours x Hourly Rate (6 hrs x \$13.50)	Dollar Amount	Amount of Pension / Retirement Paid this Pay Period (\$58.45 x 7.5%)	Amount of Health & Dental Insurance Paid this Pay Period (\$25.00 x 7.5%)	Amount of LTC Insurance Paid this Pay Period (\$12.00 x 7.5%)			
12/30/17 - 1/12/18	6.0	\$13.50	7.5%	\$81.00	\$6.20	\$4.38	\$1.88	\$0.90			
TOTALS	6.0		7.5%	\$81.00	\$6.20	\$4.38	\$1.88	\$0.90			
TOTALS	80.0		100.0%								

Wage, tax and fringe documentation:

- Time and effort logs and timesheets need approval
- Proof of payroll tax payments
- Fringe benefit source docs
- If you have difficulty getting the proper source docs, work with me for a solution

Office and Program Expenses

- Invoices should be marked with an approval for payment (initials & date)
- Invoices should show form of payment;
- Attach proof of payment;

Purchase via check or EFT:

When sending in documentation for transactions, please have the invoice, copy of the check stub or the page from the bank statement that lists this transaction stapled together. Here is a sample of what we are looking for:

Invoice should show what was purchased, the amount, and when purchase was made. Also, indicate how this invoice was paid (ACH or Check #) and date the payment was made.

T-Mobile

Bill period: Jan 09, 2018 - Feb 08, 2018 Account: Page 1 of 8

TOTAL DUE
\$180.00

Your bill is due by Mar 01, 2018.
Thanks for paying your last bill of \$360.00.

Hello,
Here is your statement for February.

Did you know you could be saving up to \$5/line every month when you sign up for AutoPay? Plus, you'll never have to worry about late fees or missed payments again. See details at T-Mobile.com/AutoPay

PLANS
\$180.00

4 VOICELINES = \$180.00
Enjoy your T-Mobile ONE @Work Plan

Pa with check #22861

EQUIPMENT
\$0.00

You can always go to My.T-Mobile.com/shop to check out new device deals and promotions.

SERVICES
\$0.00

Use your phone in Mexico and Canada! Enjoy Mobile without borders. Get unlimited talk, text and data throughout North America.

Pay your bill in two taps!
Download the T-Mobile app @ t-mo.co/App

UNCARRIER BENEFITS
You have Free WiFi on the fly
Learn more @ t-mo.co/Gogo

DIGITS
Use your number from anywhere
Learn more @ t-mo.co/Digits

GET UP TO SPEED
Manage your account on the go or from home
It's easy to check your usage, view or pay bills, change your plan or chat with a T-Mobile representative all online at My.T-Mobile.com.

YOU ARE USING
#1
4G LTE SPEED & AVAILABILITY*
#WeWontStop

YOU ARE COVERED IN
140+
COUNTRIES & DESTINATIONS
w/ unlimited talk, text & data

Learn more about your uncARRIER benefits @ t-mo.co/Benefits

*#1 based on T-Mobile analysis of third party data

Sample of Bank Statement Page Attached:

On the bank statement page
the date, check and payment
amount should be
highlighted.

Bremer Bank
PO Box 1000
Lake Elmo, MN 55042-1000

Last statement: February 28, 2018
This statement: March 31, 2018
Total days in statement period: 31

Page 1 of 6

Direct Inquiries to:
Your Local Branch or, 800-908-Bank
(2265)

Bremer Bank National Association
372 St Peter St
St Paul MN 55102

Community Business Checking

Account number		Beginning balance	
Low balance		Total additions	
Average balance		Total subtractions	
Avg collected balance		Ending balance	

CHECKS

Number	Date	Amount	Number	Date	Amount
			22861	03-12	180.00

If you send in a copy of the check stub, you do *not* need to include a copy of the check

YOUR COMPANY NAME HERE
123 MAIN STREET
ANYWHERE, USA 12345
PHONE: (800) 555-1212
FAX: (888) 555-1212

YOUR BANK
555 BRANCH STREET
ANYWHERE, USA 12345
42-6/430

CHECK NO. **002000**

PAY

DATE

AMOUNT

TO THE ORDER OF

DIRECT DEPOSIT ADVICE NON-NEGOTIABLE

EMPLOYEE NO.		DEPARTMENT	EMPLOYEE NAME		SOCIAL SECURITY NO.	PERIOD END	CHECK NO.
EARNINGS	HRS. UNITS	CURRENT AMOUNT	YEAR TO DATE	DEDUCTIONS	CURRENT AMOUNT	YEAR TO DATE	

PAY RATE	CURRENT EARNINGS	CURRENT DEDUCTIONS	NET PAY	Y.T.D. EARNINGS	Y.T.D. DEDUCTIONS	Y.T.D. NET PAY
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CHECK NO. **002000**

YOUR COMPANY NAME HERE
123 MAIN STREET
ANYWHERE, USA 12345
PHONE: (800) 555-1212
FAX: (888) 555-1212

REORDER FROM: SAGEARBO DES

Office and Program Expenses cont.

- If paid using credit card, copy of the statement AND proof of CC payment must be attached;
- **BLACK OUT ALL FULL/COMPLETE CREDIT CARD NUMBERS**
- If paid with several funding sources, should be clearly stated

For purchases made with a credit or debit card – the statement alone is NOT an acceptable supporting document

Summary of Account Activity		Payment Information	
Previous Balance	\$520.86	New Balance	\$989.15
- Payments	\$520.86	Total Minimum Payment Due	\$50.00
+ Purchases/Debits	\$969.15	Payment Due Date	03/27/2017
New Balance	\$989.15		
Credit Limit	\$8,900.00		
Available Credit	\$5,789.00		
Statement Closing Date	03/02/2017		
Days in Billing Cycle	28		

Transaction Summary				
Tran Date	Post Date	Reference Number	Description of Transaction or Credit	Amount
02/09	02/09	P9280001201HWK784	WALMART 001952 FRIDLEY MN SAM'S/WAL-MART PURCHASE(S)	\$251.05
02/13	02/13	P9280001F01N7XFKE	WALMART 005825 BROOKLYN CENT MN SAM'S/WAL-MART PURCHASE(S)	\$52.37
			Total for MPLS AMERICAN INDIAN CENT	\$303.42
02/09	02/09	P9280001B01LSF4A1	SAM'S CLUB 004787 BLOOMINGTON MN SAM'S/WAL-MART PURCHASE(S)	\$163.15
02/09	02/09	P9280001B01LSF49T	SAM'S CLUB 004787 BLOOMINGTON MN SAM'S/WAL-MART PURCHASE(S)	\$121.47
02/09	02/09	P9280001B01LSF497	SAM'S CLUB 004787 BLOOMINGTON MN SAM'S/WAL-MART PURCHASE(S)	\$75.68
02/16	02/16	P9280001J01P78835	SAM'S CLUB 004787 BLOOMINGTON MN SAM'S/WAL-MART PURCHASE(S)	\$14.98
02/22	02/22	P9280001T01T6YQFK	SAM'S CLUB 004787 BLOOMINGTON MN SAM'S/WAL-MART PURCHASE(S)	\$310.45

(Continued on next page)

PAYMENT DUE BY 5 P.M. (ET) ON THE DUE DATE.

NOTICE: We may convert your payment into an electronic debit. See reverse side for details, Billing Rights and other important information.

MEMBER SERVICE: For Account Information log on to samsclub.com/credit. This account is registered.

The point-of-sale receipt alone is NOT an acceptable supporting document

TF460MIN/900 79.88
CARD # 1354071776

Walmart ✱
Save money. Live better.

(763) 780 - 9400
MANAGER BARBARA BALL
8460 UNIVERSITY AVE NE
PRILEY MN 55432

ST 01962 OP# 007763 TER 12 TR# 04046
LYS WPS 240 001920084261 9.97 0
12 ROSEPETL 00714436736 0.97 0
DK RED BLN 00714436732 0.97 0
KEY RINGS 00277001266 3.44 0
HOLE PUNCH 692173490114 0.97 0
HOLE PUNCH 692173490114 0.97 0
SHARPENER 007357716741 19.84 0
LABELER TAPE 001260259278 10.63 0
STRENER 007352680668 0.97 0
KEY ID TAGS 073661159029 0.86 0
KEY ID TAGS 073661159029 0.86 0
STRENER 007352680663 0.97 0
STRENER 007352680666 0.97 0
747 STAPLER 007471174820 14.84 0
646 STAPLER 007471174820 9.84 0
GLUE 006242752012 4.84 0
STRENER 007352680666 0.97 0
STRENER 007352680663 0.97 0
08621611821 006621611821 7.63 0
-25F W/ RAIN 068113113276 1.97 0
-25F W/ RAIN 068113113276 1.97 0
ST -20 WASH 0681131133632 1.68 0
ST -20 WASH 0681131133632 1.68 0
120CT CONSTR 007166220017 3.47 0
ART CRAFT 004517300016 1.47 0
ART CRAFT 004517300016 1.47 0
ART CRAFT 004517300019 1.47 0
CHARMS POP 001420014312 F 2.98 0
CHARMS POP 001420014312 F 2.98 0
MOUNTINGPUTY 007334064743 0.97 0
GENSTONES 076594060924 0.97 0
FOAM 076594060938 1.97 0
TAPE DISP 002120066104 3.97 0
TAPE DISP 002120066104 3.97 0
646 STAPLER 007471174820 9.84 0
PAPERMATE 004154093134 1.34 0
PAPERMATE 004154093134 1.34 0
NECH PENCIL 086449000062 1.37 0
STRENER 007352680668 0.97 0
MAGIC TAPE B 006114198342 3.34 0
DAVIS TAPE 007536320849 2.34 0
END REFILL 007261270161 1.47 0
TF460MIN/900 061696007826 79.88 0
-911 FEE 06038813082 1.02 0
MARKER KIT 003413879649 5.97 0
ITKR 079690248591 2.74 0
ITKR 079690248599 1.98 0
ITKR 076379520268 1.98 0
ITKR 079690248591 2.74 0
ILES CRK 081228602273 5.96 0
SUBTOTAL 261.06
TOTAL 261.06
SAMS & CREDIT 261.06
SAMS CLUB CREDIT # 1.5
APPROVAL # 000024
REF # 704400406775


(763) 354 - 1941
MANAGER KRISTIN WOLF
1200 SHINALE CREEK CROSSING
BROOKLY CENTER, MN. 55438

ST# 05625 OP# 002405 TER 10 TR# 01527
5 ORANGES 007224013387 F 5.97 0
5 ORANGES 007224013387 F 5.97 0
SCUOP 004280740431 3.97 0
LUNARP NEART 003993639540 2.24 0
TABLE COVER 007267102181 6.98 0
TABLE COVER 007267102181 6.98 0
TABLE COVER 007267102181 6.98 0
PAPER BOWL 007074204882 2.72 0
PAPER BOWL 007074204882 2.72 0
UNL BARS 007074213267 F 6.00 0
UNL BARS 007074213267 F 6.00 0
12CT PENCILS 093602300016 0.98 0
12CT PENCILS 093602300016 0.98 0
KEMPS IC 004140303019 F 0.98 0
4 TUMBLER 017994633014 0.98 0
4 TUMBLER 017994633014 0.98 0
4 TUMBLER 017994633014 0.98 0
4 TUMBLER 017994633014 0.98 0
4 TUMBLER 017994633014 0.98 0
SUBTOTAL 52.37
TOTAL 52.37
SAMS & CREDIT 52.37

SAMS CLUB CREDIT # 1.5
APPROVAL # 000024
REF # 704400406775

AJD 00000000049999004002
TC 0020632800205
TERMINAL # SC010005
Signature Verified

02/13/17 12:07:10
CHANGE DUE 0.00
ITEMS SOLD 19
TC# 1428 7042 9772 1105 3200
02/13/17 12:07:10
Scan this Receipt
Scan today Feb 26 on ABC
02/13/17 12:07:21
CUSTOMER COPY
Store receipts on your phone. Walmart P
ay.



And the bank statement alone is NOT an acceptable supporting document

GOLD BUSINESS CHECKING			
U.S. Bank National Association			
Checks Presented Conventionally (continued)			
Check	Date	Ref Number	Amount
63520*	Mar 1	8655906463	100.00
63521	Mar 2	8956226303	80.59
63524*	Mar 2	8952145450	100.00
63525	Mar 8	8655589957	300.00
63527*	Mar 2	8956226302	93.00
63528	Mar 2	8953437037	71.57
63530*	Mar 15	8653014710	68.48
63531	Mar 7	8351680623	194.20
63532	Mar 10	9251994492	10.00
63533	Mar 8	8650295839	45.00
63534	Mar 3	9254237299	60.00
63535	Mar 6	8057900799	405.47
63536	Mar 9	8953090179	405.47
63537	Mar 9	8953300663	115.96
63538	Mar 8	8652469175	425.00
63539	Mar 8	8656559661	5,000.00
63540	Mar 13	8052693654	39.45
63541	Mar 8	8656564380	189.00
63542	Mar 9	8952996320	126.17
63543	Mar 8	8656249703	300.00
63544	Mar 8	8656562604	95.92
63545	Mar 13	8055287597	989.15
63546	Mar 9	8953085937	12,777.05
63547	Mar 27	8050833455	142.34
63548	Mar 10	9255993157	75.00
63549	Mar 14	8351658880	202.50
63551*	Mar 13	8052493863	188.69
63552	Mar 9	8955995541	29.16
63554*	Mar 15	8655125003	300.00
63555	Mar 16	8955336707	37.85
63556	Mar 16	8955336708	175.00
63557	Mar 27	8052317488	100.00
63560*	Mar 21	8358478809	50.00
63561	Mar 15	8655011863	300.00

Statement + Point of Sales Receipts + Proof of Payment = Perfect Supporting Documentation

Summary of Account Activity		Payment Information	
Previous Balance	\$520.86	New Balance	\$889.15
- Payments	\$520.86	Total Minimum Payment Due	\$50.00
+ Purchases/Debits	\$969.15	Payment Due Date	03/27/2017
New Balance	\$969.15		
Credit Limit	\$9,900.00		
Available Credit	\$5,789.00		
Statement Closing Date	03/02/2017		
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	02/13	02/13	P9280001F01N7XFKF	WALMART 005625 BROOKLYN CENT MN SAM'S/WAL-MART PURCHASE(S)	\$62.37
				Total for MPLS AMERICAN INDIAN CENT	\$303.42
	02/09	02/09	P9280001B01LSF4A1	SAM'S CLUB 004787 BLOOMINGTON MN SAM'S/WAL-MART PURCHASE(S)	\$163.15
	02/09	02/09	P9280001B01LSF49T	SAM'S CLUB 004787 BLOOMINGTON MN SAM'S/WAL-MART PURCHASE(S)	\$121.47
	02/09	02/09	P9280001B01LSF49T	SAM'S CLUB 004787 BLOOMINGTON MN SAM'S/WAL-MART PURCHASE(S)	\$75.68
	02/16	02/16	P9280001J01P78835	SAM'S CLUB 004787 BLOOMINGTON MN SAM'S/WAL-MART PURCHASE(S)	\$14.98
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(Continued on next page)

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MEMBER SERVICE: For Account Information log on to samsclub.com/credit. This account is registered.

SEE BACK OF TICKET FOR YOUR CHANCE
to win \$1000

ID #: 7KZJZZP4CCY

TF450MIN/900 79.88

CARD # 1354071776

Walmart 
Save money. Live better.

(763) 780 - 9400
MANAGER BARBARA BALL
8450 UNIVERSITY AVE NE
FRIDLEY MN 55432

[illegible]

SAMS CLUB CREDIT * 001010

See back of receipt for your chance
to win \$1600

TO : 7KZSNP1YX6C0

(763) 354 - 1941	
MANAGER KRISTIN WOLF	
1200 SHIMOLE CREEK CROSSING	
BROOKLYN CENTER, MN, 55430	
474	05625 0PM 082405 TEP 10 TRW 01527
5	00ABRSES 5.97
5	00ABRSES 007224013387 F 5.97
SCDOP	0042080740431 3.97
LUNNAP HEART	003993839540 2.24
TABLE COVER	007267102181 0.98
TABLE COVER	007267102181 0.98
TABLE COVER	007267102181 0.98
PAPER ROLL	007874204082 2.72
PAPER ROLL	007874204082 2.72
WAL. BAC. WASH	007874204082 F 6.00
WAL. BAC. WASH	007874204082 F 6.00
12CT PENCILS	093502300016 0.98
12CT PENCILS	093502300016 0.98
12CT PENCILS	004148939815 F 0.98
1 TUMBLER	017994633014 0.98
4 TUMBLER	017994633014 0.98
4 TUMBLER	017994633014 0.98
4 TUMBLER	017994633014 0.98
4 TUMBLER	017994633014 0.98
TOTAL 52.37	
TOTAL 52.37	
SAMS D CREDIT 52.37	

SANS CLUB CREDIT # [REDACTED] 15
APPROVAL # 000024
REF # 704400406775

AID A0000000049999984002
IC 600206E32A000205
TERMINAL N 8C10053
*Signature Verified

02/13/17 12:07:10

CHARGE DUE 0.00

4. ITEMS SOLD 10

ITEMS SOLD 19

TCN 1428 7042 9772 1185 3280

[illegible]

1. *Journal of the American Medical Association*, 1997; 277: 1033-1036.

~~SECRET~~

Check The Receipt

Oscar Sunday Feb 26 on ABC
92/13/17 12:07:21

CUSTOMER COPY

Store receipts on your phone. Walmart &

69.



1955-1956:

Check	Date	Ref Number	Amount
63520*	Mar 1	8655906463	100.00
63521	Mar 2	8956226303	80.59
63524*	Mar 2	8952145450	100.00
63525	Mar 8	8655589957	300.00
63527*	Mar 2	8956226302	93.00
63528	Mar 2	8953437037	71.57
63530*	Mar 15	8653014710	68.48
63531	Mar 7	8351680623	194.20
63532	Mar 10	9251994492	10.00
63533	Mar 8	8650295839	45.00
63534	Mar 3	9254237299	60.00
63535	Mar 6	8057900799	405.47
63536	Mar 9	8953090179	405.47
63537	Mar 9	8953300663	115.96
63538	Mar 8	8652469175	425.00
63539	Mar 8	8656559661	5,000.00
63540	Mar 13	8052693654	39.45
63541	Mar 8	8656564380	189.00
63542	Mar 9	8952996320	126.17
63543	Mar 8	8656249703	300.00
63544	Mar 8	8656562604	95.92
63545	Mar 13	8055287597	989.15
63546	Mar 9	8953085937	12,777.05
63547	Mar 27	8050833455	142.34
63548	Mar 10	9255993157	75.00
63549	Mar 14	8351658880	202.50
63551*	Mar 13	8052493863	188.69
63552	Mar 9	8955995541	29.16
63554*	Mar 15	8655125003	300.00
63555	Mar 16	8955336707	37.85
63556	Mar 16	8955336708	175.00
63557	Mar 27	8052317488	100.00
63560*	Mar 21	8358478809	50.00
63561	Mar 15	8655011863	300.00

STATE AND LOCAL SALES TAX

- Non profits are exempt from paying state and local sales tax, as well as property taxes
- This includes utility bills such as Comcast, AT&T, etc.
- You can also go to www.revenue.state.mn.us for a lot more information

TRAVEL AND TRAINING:

- Reference our most current Commissioner's Travel Plan
- If you want to reimburse at higher rates, you can, just don't bill us;
- The reason we ask for conference agendas

DIRECT CLIENT ASSISTANCE:

- **BE SURE TO BLACK OUT VICTIM INFORMATION**
- Gas card, grocery cards, etc. (care cards) – bill us when distributed
- So remember, don't make a large purchase of these "care cards" near the end of your grant period

TOP FINDINGS FROM DESK REVIEWS:

- No time tracking – not billing actual hours worked;
- Lack of source documents;
- Personnel billed to the grant that are not listed in the approved budget;
- Expenditures outside of the grant period;

TOP FINDINGS cont.:

- Billing for bulk “care card” purchases;
- Expenditures billed 100% to one funding source that should be allocated across all funding sources;
- Payments of sales tax, late fees and penalties

WHEN ALL IS SAID AND DONE:

- ❖ You will receive a final conclusion letter no matter what the conclusion;
- ❖ I include any documentation that may be helpful in correcting any processes that may need attention;
- ❖ When unallowable costs are discovered and funds are owed back to OJP; we will ask you to work with your GM to make adjustments on your next FSR rather than sending funds back.

IN CLOSING:

- You can request an extension of the desk review deadline
- Deadlines are going to start being enforced – keep in touch!

QUESTIONS? COMMENTS?



thank you!